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|---|---|---------------------------------------|---------------------|---------------------------|---------------------------------------|----------------------|---------------------------------------|------|----------------------------|--|
| APPLICANTS Michael Craig Marshall, Savage, MN; | | | | | | | | | | |
| ** CONTINUING DATA ********************************** | | | | | | | | | | |
| GNU IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/27/2004 | | | | | | | | | | |
| Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Verified and Acknowledged Examiner's Signature Initials | | | | STATE OR COUNTRY MN | | | TOTAL CLAIMS 7 | | INDEPENDENT CLAIMS 2 | |
| ADDRESS 23552 | | | | | | | | | | |
| TITLE System and meth system | od fo | r generating an electro | nic mode | el for a dental i | mpress | sion hav | ing a co | mmor | n coordinate | |
| | | | | | | | ☐ All Fees | | | |
| | | | | | | 1.16 Fees (Filing) | | | | |
| RECEIVED | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | | 1.17 Fees (Processing Ext. of time) | | | | | |
| 900 | | | | | 1.18 Fees (Issue) | | | | | |
| | | | | | Other | | | | | |
| | · | | | | | ☐ Credit | | | | |